

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10812812

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	43	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	43 minus 20 =	23
INDEPENDENT CLAIMS	24 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	Fee
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=	207	OR XS18=	
X43=	43	OR X86=	
+145=	-	OR +290=	
TOTAL	625	OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5-22-2

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	38	Minus	43	<input checked="" type="checkbox"/>
Independent	4	Minus	4	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=	<input checked="" type="checkbox"/>	OR XS18=	
X43=	<input checked="" type="checkbox"/>	OR X86=	
+145=	<input checked="" type="checkbox"/>	OR +290=	
TOTAL ADDIT. FEE	<input checked="" type="checkbox"/>	OR TOTAL ADDIT. FEE	

10/3/06

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	Minus	43	<input checked="" type="checkbox"/>
Independent	2	Minus	4	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=	<input checked="" type="checkbox"/>	OR XS18=	
X43=	<input checked="" type="checkbox"/>	OR X86=	
+145=	<input checked="" type="checkbox"/>	OR +290=	
TOTAL ADDIT. FEE	<input checked="" type="checkbox"/>	OR TOTAL ADDIT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=	=
Independent		Minus	=	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=	<input checked="" type="checkbox"/>	OR XS18=	
X43=	<input checked="" type="checkbox"/>	OR X86=	
+145=	<input checked="" type="checkbox"/>	OR +290=	
TOTAL ADDIT. FEE	<input checked="" type="checkbox"/>	OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

15-24-35